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7590

02/02/2004

Crowell & Moring The Evenson, Mckeown, Edwards & Len ahan Intellectual Property Law Group 1001 Pennsylvania Avenue, N.W. Washington, DC 20004-2595



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(Date

APPLICATION NO.

FILING DATE

ATTORNEY DOCKET NO.

CONFIRMATION NO.

09/989,469

11/21/2001

381NP/50670

9865

TITLE OF INVENTION: ELECTROLYTIC GOLD PLATING METHOD AND APPARATUS THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLI	PUBLICATION FEE		EE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1	630	05/03/2004
EXAMINER		ART UNIT	CLASS	CLASS-SUBCLASS			
NICOLAS, WESLEY A		1742	20-	4-242000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			1 Crowel 2	.1 & Moring LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hitachi Kyowa Engineering Co., Ltd.

Hitachi-shi, Japan

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):							
X□ Issue Fee	 A check in the amount of the fce(s) is enclosed.							
№ Publication Fee	☐ Payment, by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies5	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form).							

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